

Name
in
Full

William Arthur

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>man Savage</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death	1908	Month	3	Day	26	Age	66
Sex	<i>man</i>		Color or Race	<i>negro</i>		Birth-place	<i>Ta</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death <i>at home</i>			
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband <i>Sarah Arthur</i>				
Father's Name	<i>unknown</i>			Father's Birthplace <i>unknown</i>			
Mother's Maiden Name	<i>unknown</i>			Mother's Birthplace <i>unknown</i>			
Name of person giving information	<i>Thomas Arthur</i>			How related to deceased <i>son</i>			

CAUSES OF DEATH

93

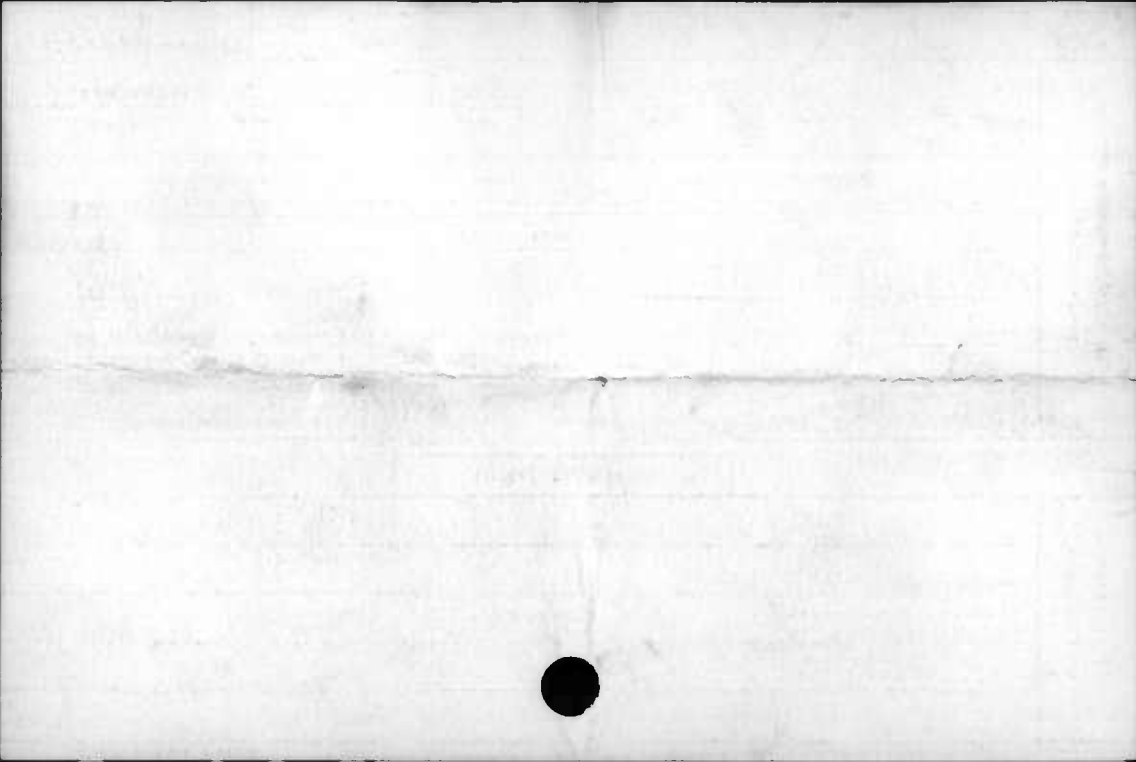
PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>8 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>prognosis</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>William M. D. Savage</i>
Address	<i>Savage</i>		
Accident or Suicide?	<i>within</i>		



Name in Full		Robert Button		CERTIFICATE OF DEATH	
Died at		Near Pyrenville		County Howard	
Date of death		1908		Maryland	
Month		March		Days	
Day		28		Months	
Age		1		4 months	
Sex		Male		Birth-place	
Color or Race		white		Carroll Co	
Occupation				Where Residing if not at place of death	
Married, Single or Widowed				Name of Wife or Husband	
Father's Name		Lewis Button		Father's Birthplace	
Mother's Maiden Name		Mary Day		Howard Co	
Name of person giving information		James W. Day		Mother's Birthplace	
				Howard Co	
				How related to deceased	
				Grand father	
CAUSES OF DEATH					
Primary		Oburisy		How long	
Immediate		Failure of Heart		Several months	
Are the name, age, sex, color, date and place correctly given above?		yes		How long	
Signature of Physician		Daniel B. Speck			
Address		Pyrenville			
Accident or Suicide?					

94



Name
in
Full

Emilia Caray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

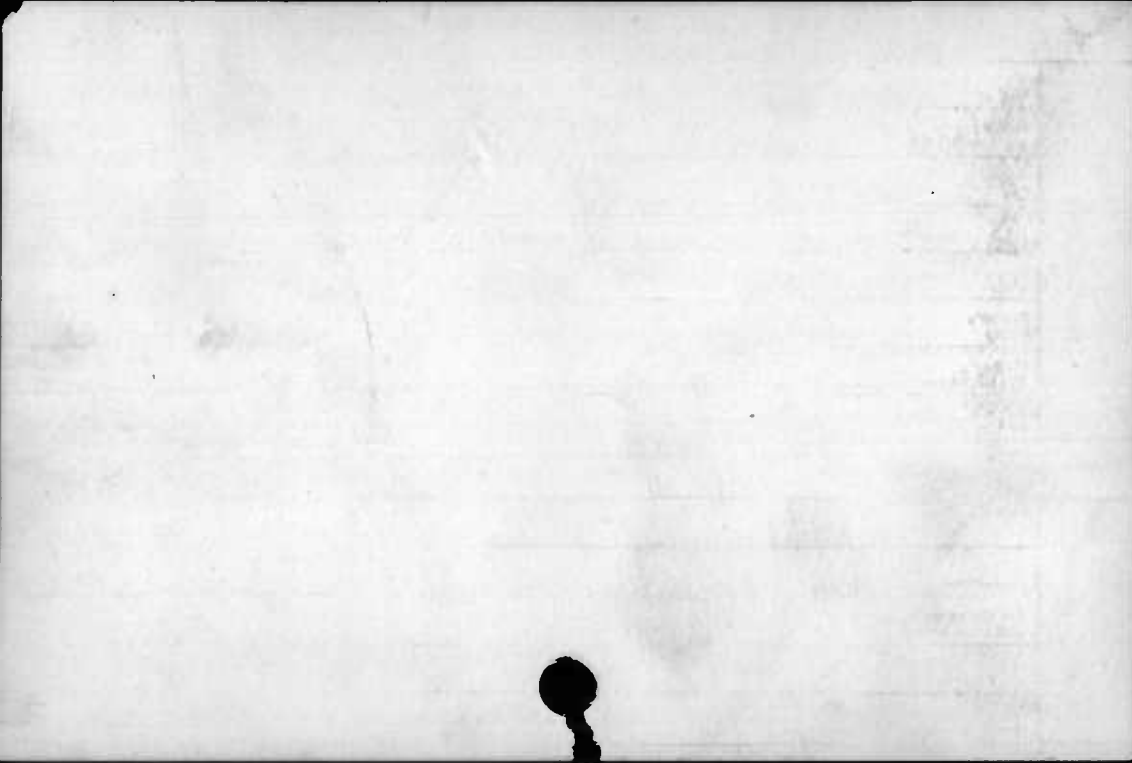
Died at <u>Woodstock</u> ^{Town}		<u>Howard</u> ^{County}		MARYLAND	
Date of death	1908	Month	Mar	Day	11
Age		65		Years	
Sex		female		Color or Race	white
Occupation		Homemaker		Birth-place	Germany
Where Residing if not at place of death		Same			
Married, Single or Widowed	married		Name of Husband	Noah Caray	
Father's Name	Dandrew Stupler		Father's Birthplace	Germany	
Mother's Maiden Name	Don't know		Mother's Birthplace	Germany	
Name of person giving information	Noah Caray		How related to deceased	Husband	

CAUSES OF DEATH

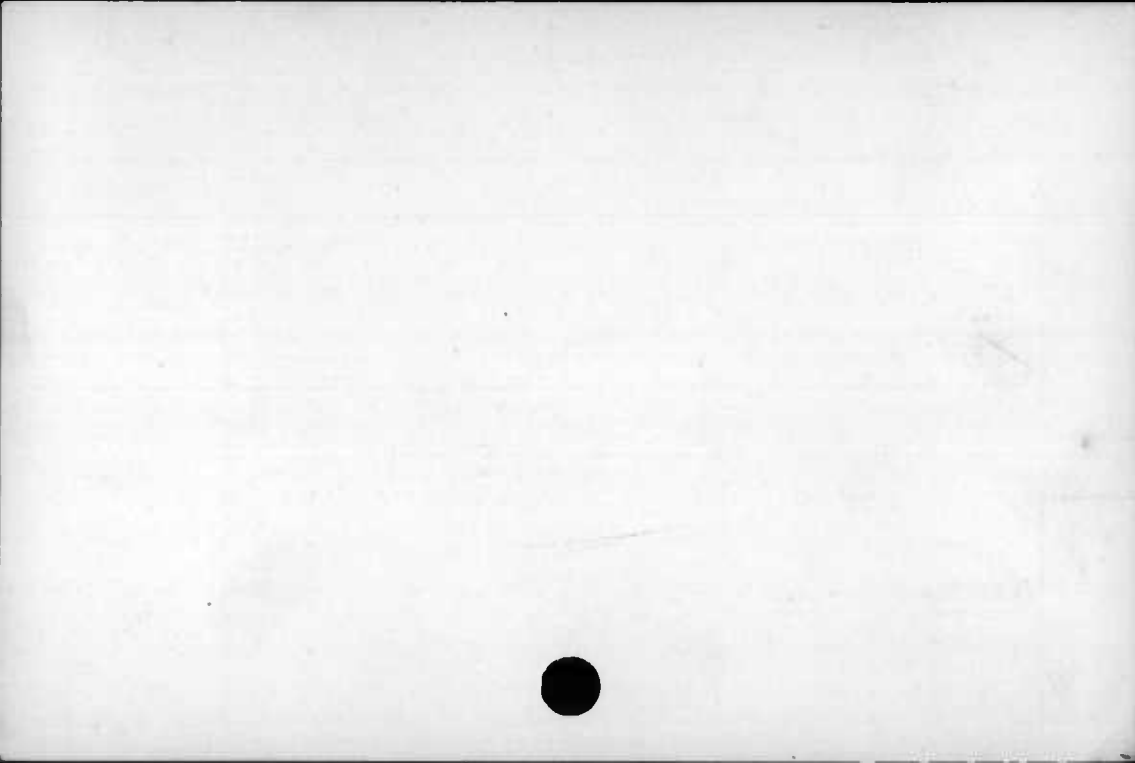
27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	6 months
Immediate	Paralysis	How long	100 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. C. Stupler M.D.	
Address		Baltimore Md	
Accident or Suicide? <u>no</u>			



Name In Full		Town				County		CERTIFICATE OF DEATH	
Ethelena Cottman		Ellicott City				Howard		MARYLAND	
Died at		Date of death		Month	Day	Age	Years	Months	Days
		1908		March	24		2	no	no
Sex		Color or Race		Birth-place					
Female		colored		Maryland					
Occupation		Where Residing if not at place of death							
None		Ellicott City							
Married, Single or Widowed		Name of Wife or Husband							
Single		None							
Father's Name		Father's Birthplace							
Joseph Cottman		Maryland							
Mother's Maiden Name		Mother's Birthplace							
Hattie Waller		Maryland							
Name of person giving information		How related to deceased							
Joseph Cottman		Father							
		CAUSES OF DEATH				(93)			
Primary		How long							
Pneumonia		7 days							
Immediate		How long							
Exhaustion		2 days							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
		Address							
		Ellicott City							
Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hehster</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND									
Date of death	<i>1908</i>	Month	<i>March</i>	Day	<i>20</i>	Age	<i>no</i>	Years		Months	<i>1</i>	Days	<i>12</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>						
Occupation	<i>none</i>		Where Residing if not at place of death		<i>Hehster</i>								
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>none</i>								
Father's Name	<i>Frank Cugler</i>					Father's Birthplace	<i>Maryland</i>						
Mother's Maiden Name	<i>Mary E Moore</i>					Mother's Birthplace	<i>Maryland</i>						
Name of person giving information	<i>Frank Cugler</i>					How related to deceased	<i>Father</i>						

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

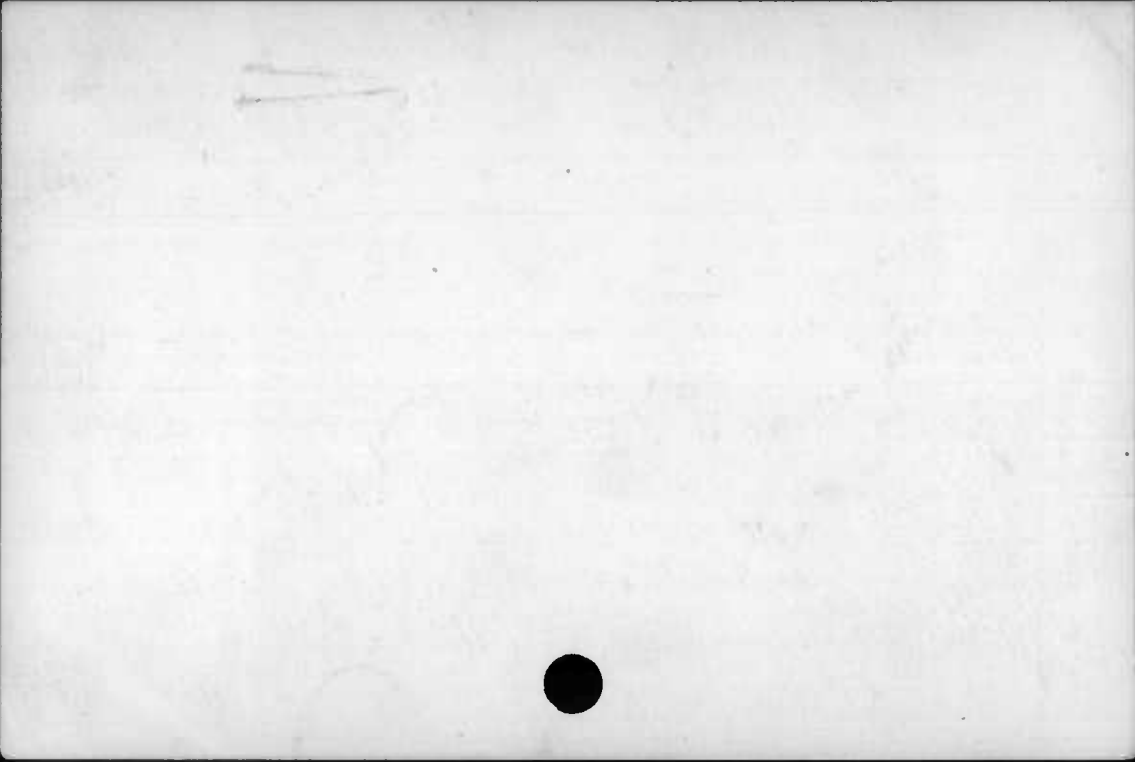
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>alpha</u> Town		<u>Bord</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>24th</u>	Years <u>Dead</u>	Months <u>Born</u>	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>alpha Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>at</u>		
Married, Single or <u>Widowed</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Nathan 76 Ford</u>			Father's Birthplace <u>Chambers Co Md</u>		
Mother's Maiden Name <u>Hellen A Lewis</u>			Mother's Birthplace <u>Carroll Co Md</u>		
Name of person giving information <u>Hellen A Lewis</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Premature, Still Birth</u>	How long	
Immediate	<u>about 5 months pregnancy</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Benny F. Shipley M.D.</u>	
<u>alpha</u>		Address <u>Howard Co Md</u>	
Accident or Suicide?		<u>—</u>	



TO BE ANSWERED BY
NEAREST FRIEND

not named, (still Born) Bill gasch ✓

CERTIFICATE OF DEATH

Died at Mayfield P.O. ^{Town} Howard ^{County} MARYLAND

Date of death 1908 ^{Month} March ^{Day} 29th ^{Years} Still Born ^{Months} ^{Days}

Sex male ^{Color of} German ^{Birth-} Mayfield Ind ^{place}

Occupation Where Residing if not at home ^{at place of death}

Married Single Wife or Husband

Father's Name Arnold Gillgasch ^{Father's} Germany ^{Birthplace}

Mother's Maiden Name Carla Hofer ^{Mother's} Germany ^{Birthplace}

Name of person giving Carla Hofer ^{How related} mother ^{to deceased}

CAUSES OF DEATH

child died while mother was in labor Primary prolonged labor How long 8 hrs

obstruction of placental circulation about 10 minutes Immediate How long

Are the name, age, sex, color, date and place correctly given above? yes

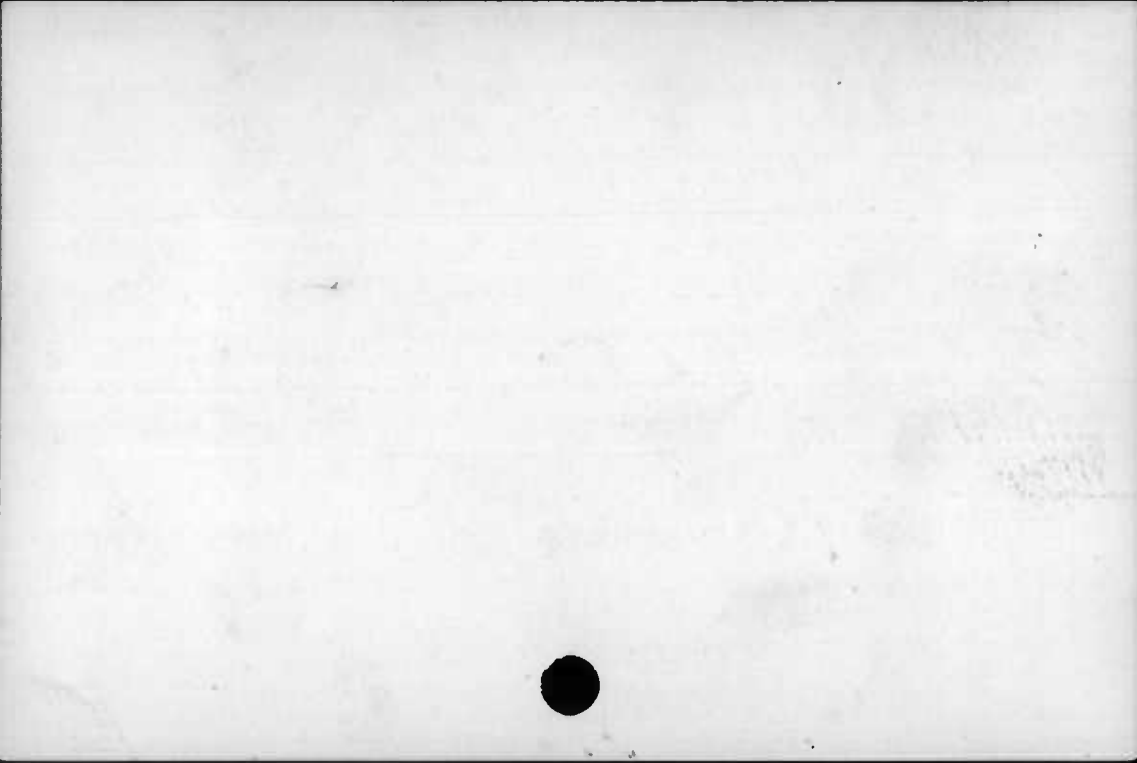
Signature of Physician Benj. F. Shipley, M.D.

Address alpha Howard Co Ind.

Accident Suicide



Name in Full		CERTIFICATE OF DEATH			
Sarah L. Kroh		MARYLAND			
Died at <i>Ellicott City</i>		County <i>Howard</i>			
Date of death <i>1908</i>		Month <i>March</i>	Day <i>28</i>	Years <i>68</i>	Months <i>20</i>
Sex <i>Female</i>		Color or Race <i>White</i>	Birthplace <i>Maryland</i>		
Occupation <i>House Keeper</i>		Where Residing if not at place of death <i>Ellicott City</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>dead</i>			
Father's Name <i>Charles W Kroh</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>Edward Kroh</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH 65					
Primary <i>Cerebral Degeneration</i>		How long <i>3 months</i>			
Immediate <i>cardiac asthma</i>		How long <i>3 weeks</i>			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm M B Thomas MD</i>			
<i>[Signature]</i>		Address <i>Ellicott City Md</i>			
Accident or Suicide? <i>[Signature]</i>		<i>[Signature]</i>			



Name
in
Full

William D. Mallouee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Laurel ^{County} Howard MARYLAND

Date of death 1908 ^{Month} March ^{Day} 31 Age ^{Years} 80 ^{Months} 4 ^{Days} 8

Sex Male Color or Race White Birth-place Md

Occupation Black Smith Where Residing if not at place of death High Ridge

Married, Single or Widowed yes Name of Wife or Husband Elyse A. Mallouee

Father's Name Bruce Mallouee Father's Birthplace Md

Mother's Maiden Name Lucretia Fairall Mother's Birthplace Md

Name of person giving information Rufus Mallouee How related to deceased Son

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Paralysis How long 5 years

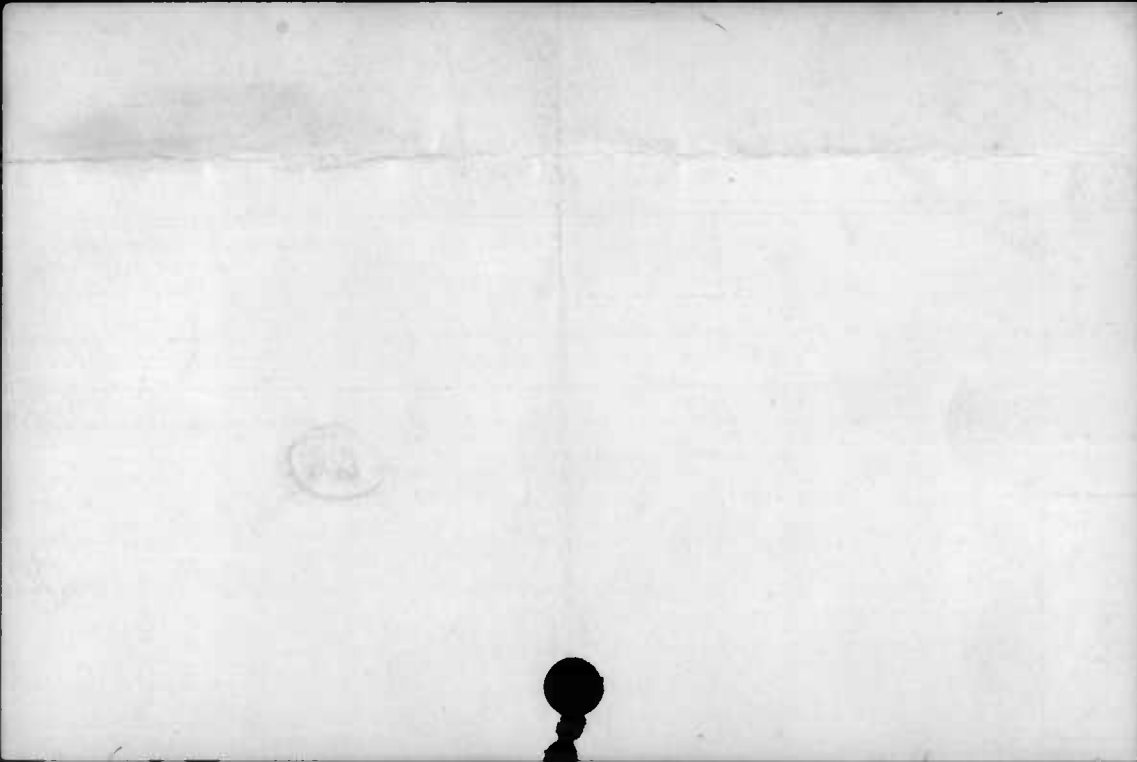
Immediate Heart Failure How long few minutes

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician J. H. Claborn

Address Laurel, Md

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

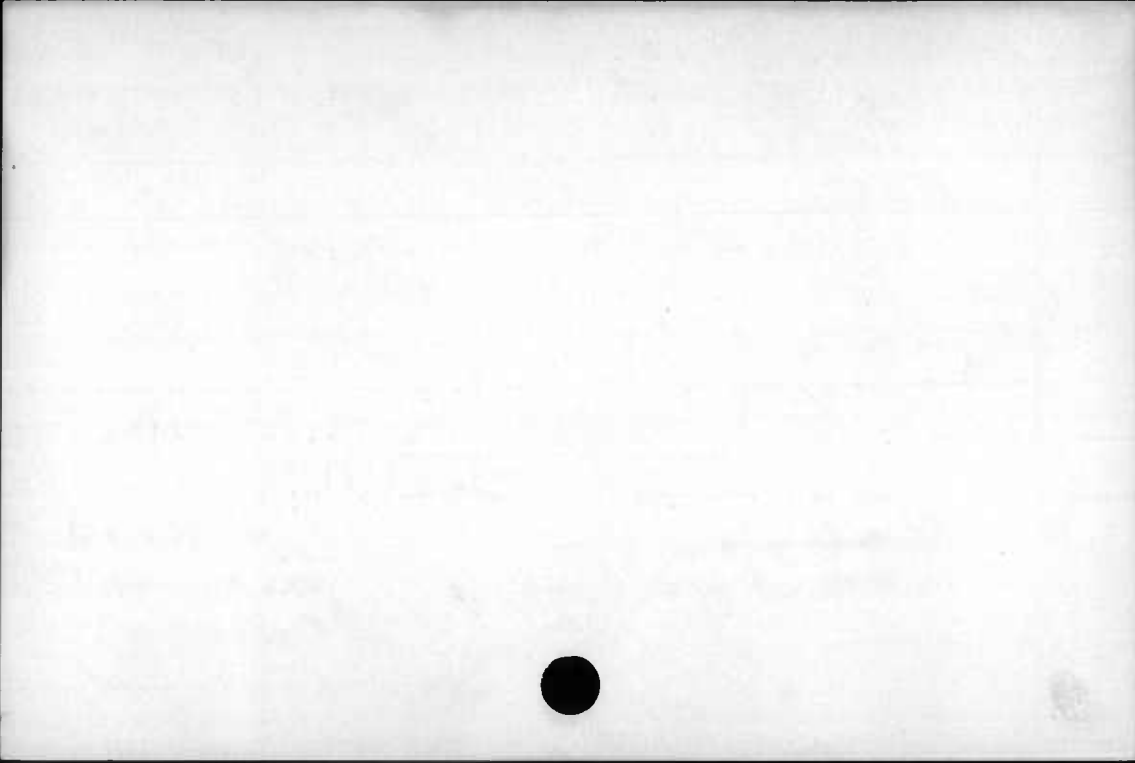
Name *Josephine F Maloney*
Died at *Dayton* ^{Town} *Hamilton* ^{County}
Date of death *1908* ^{Month} *Mar* ^{Day} *11* ^{Age} *26* ^{Years} *no* ^{Months} *no* ^{Days} *no*
Sex *Female* Color or Race *White* Birth-place *Ind*
Occupation *Housewife* Where Residing if not at place of death *Dayton*
Married, Single or Widowed *Married* Name of Wife or Husband *Harry Maloney*
Father's Name *John F. Maloney* Father's Birthplace *Ind*
Mother's Maiden Name *Do not know* Mother's Birthplace *Do not know*
Name of person giving information *Willie Maloney* How related to deceased *Brother*

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary *Acute Nephritis* ^{How long} *4 weeks*
Immediate *Albuminuria* ^{How long} *4 weeks*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *L. A. Nichol*
Address *Dayton Ind*
Accident or Suicide?



Name
in
Full

Rachael Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rockbury</u> ^{Town}		<u>Howard</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>March</u>	Day <u>1</u>	Age <u>66</u>	Months <u>2</u>	Days <u>22</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Howard Co.</u>		
Occupation <u>Wife of Contractor</u>	<u>Builder</u>		Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Lenox J. Martin</u>				
Father's Name <u>Geo. Brandenburg</u>	Father's Birthplace <u>Fredrick Co.</u>				
Mother's Maiden Name <u>Sarah Isaac</u>	Mother's Birthplace <u>Howard Co.</u>				
Name of person giving information <u>Lenox J. Martin</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>La Grippe</u>	How long <u>7.7 weeks</u>
Immediate <u>Acute Pneumonia Phthisis</u>	How long <u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>YES</u>	Signature of Physician <u>Harry B. Spurrer</u>
	Address <u>Wmth Rd</u>
Accident or Suicide?	<u>NO</u>

(10)

+



Name
in
Full

Thomas Maynard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

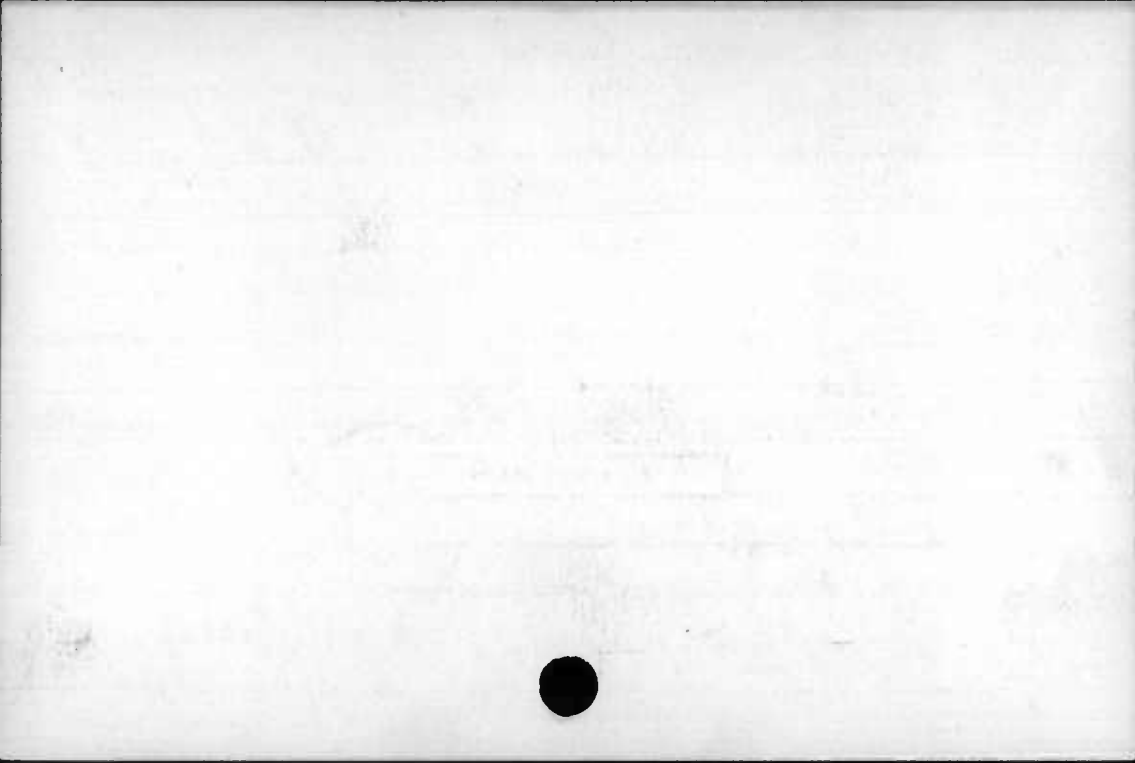
Died at <u>blacksville</u> ^{Town}		<u>Howard</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>March</u>	Day <u>6</u>	Age <u>81</u> ^{Years}	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>MD</u>			
Occupation <u>Merchant</u>	Where Residing if not at place of death <u>blacksville</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Susan Stevenson Maynard</u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information			How related to deceased <u>-</u>		

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary <u>Senile Debility</u>	How long <u>Progressive</u>
Immediate <u>Hypostatic Pneumonia</u>	How long <u>For 4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. W. L. Cusick</u>
	Address <u>Highland Md</u>
Accident or Suicide?	



Name
in
Full

George Albert Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Saisy.</i>		Town		County <i>Howard.</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Mar</i>	Day <i>28.</i>	Age	Years	Months <i>3</i>	Days <i>1</i>
Sex <i>Male.</i>		Color or Race <i>Colored.</i>		Birth-place <i>Md.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>George Albert Miles</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Lena Powell.</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>George Albert Miles.</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>Father says "Spasms"</i>	How long	<i>15 hours</i>
Immediate	<i>No Physician in attendance</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>J. W. Lacy</i>	
		Address <i>Lisbon Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Sarah Lavinia Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Home* ^{Town} *Glenn* ^{County} *Howard* *County* **MARYLAND**

Date of death 190 *8* ^{Month} *March* ^{Day} *7* ^{Years} *60* ^{Months} ^{Days}

Sex *Female* Color or Race *white* Birth-place *Montgomery Co*

Married, Single or Widowed *Widow* Occupation *House wife*

Name of Wife or Husband *William H Miles*

Father's Name *Samuel Cator* Father's Birthplace *Poolesville*

Mother's Maiden Name *Mary A Cator* Mother's Birthplace *Poolesville*

Name of person giving information *J. H. Miles* How related to deceased *Son.*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

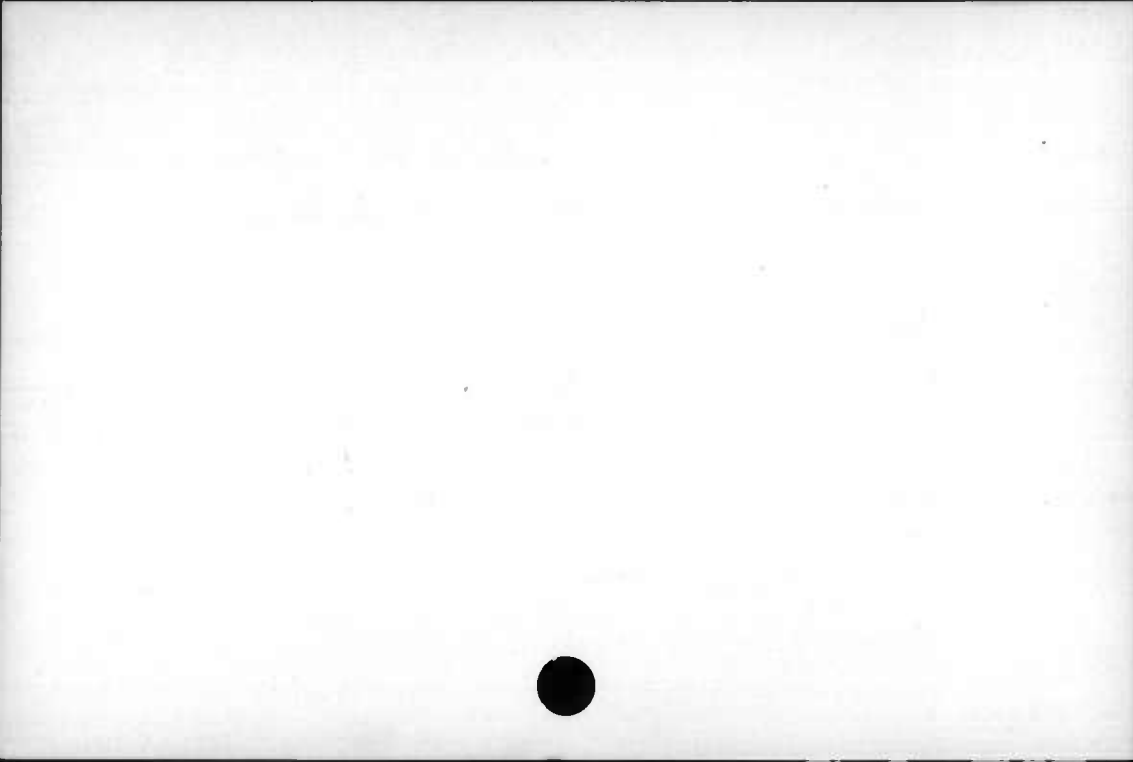
Primary *Chronic Interstitial Nephritis* How long *two years*

Immediate *Failure of renal function.* How long *two months*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *J. Walter Sims M. D.*

Address *Glenn*

Accident or Suicide? *Maryland*



Name
in
Full

Terresa Angela O'Connor

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Ellechester* ^{County} *Howard* **MARYLAND**

Date of death *1906* ^{Month} *May* ^{Day} *14* Age ^{Years} *—* ^{Months} *1* ^{Days} *3*

Sex *Female* Color or Race *White* Birth-place *Ellechester*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *John A. O. Connor* Father's Birthplace *Baltimore*

Mother's Maiden Name *Terresa E. Keays* Mother's Birthplace *Baltimore*

Name of person giving information *Michael Cook* How related to deceased *Cousin*

CAUSES OF DEATH

(90)

PHYSICIAN
OR CORONER

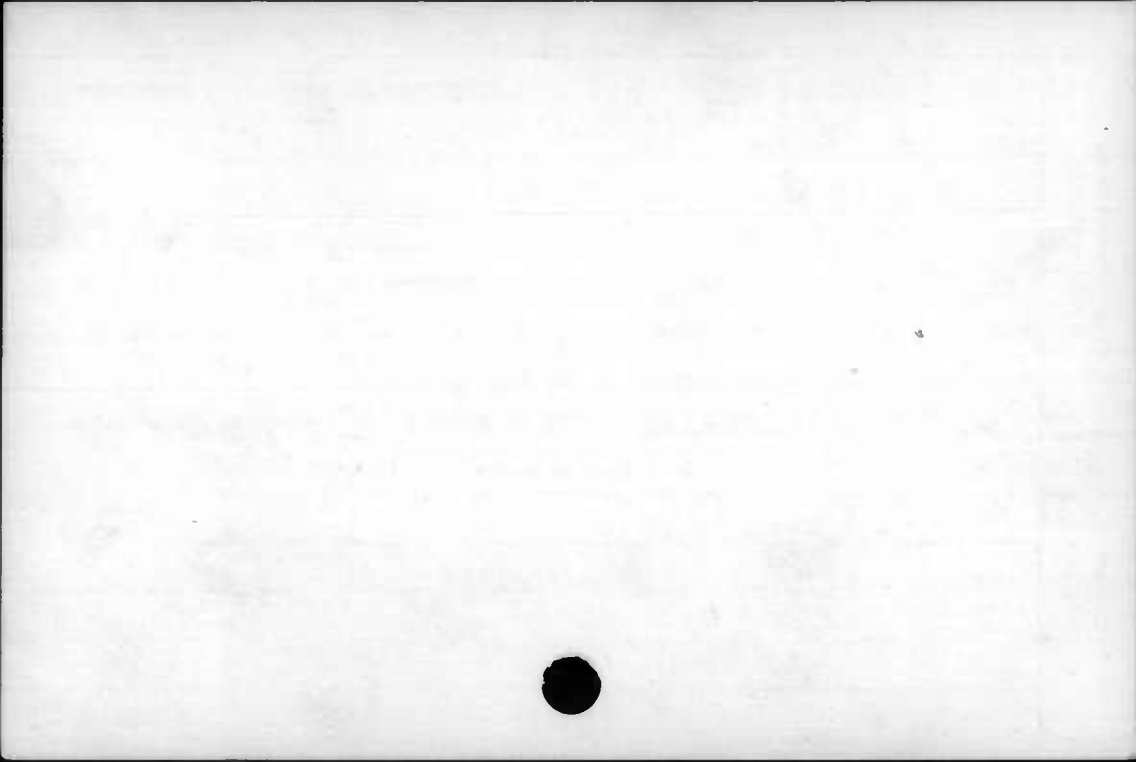
Primary *Branchitis* *How long 5 days*

Immediate *Convulsions* *How long 1 day*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *D. M. Stutty M.D.* Address *Cotabwell Ind.*

Accident or Suicide? ☒



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Annapolis</i> ^{Town}		<i>Howard</i> ^{County}	
		Date of death <i>1908</i> ^{Month} <i>March</i> ^{Day} <i>21</i>		Age <i>1</i> ^{Years} <i>1</i> ^{Months} <i>5</i> ^{Days}	
		Sex <i>Female</i>	Color or Race <i>negro</i>	Birthplace <i>Ind</i>	
		Occupation <i>Infant</i>	Where Residing if not at place of death <i>Annapolis</i>		
		Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
		Father's Name <i>Mr. Parker</i>	Father's Birthplace <i>Ind</i>		
		Mother's Maiden Name <i>Rebecca Parker</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Rebecca Parker</i>		How related to deceased <i>Mother</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Bronchitis</i>		How long <i>1 month</i>	
		Immediate <i>Convulsions</i>		How long <i>1 day</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Int. Medicine</i>	
				Address <i>Savage</i>	
		Accident or Suicide? <i>no</i>			

01/70/10

CERTIFICATE OF DEATH

MARYLAND

Days

Gemäss

Savage

Posterior

German

11

danayalis

CAUSES OF DEATH

154

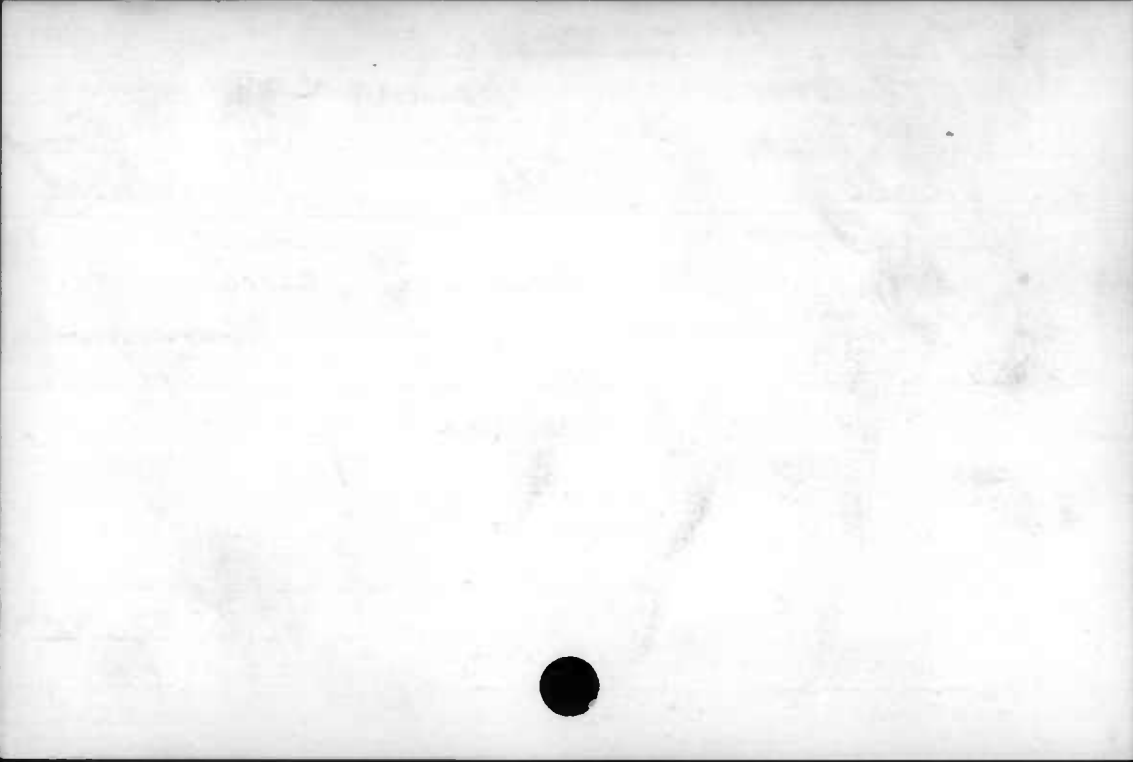
How long

2 year
+ 07 months

Address

Ind in Kisten No
Savage Ind

Kassini



Name
in
Full

CERTIFICATE OF DEATH

Hilary, W. Reeder

Died at ^{Town} *Alborton*

^{County} *Howard*

MARYLAND

Date of death ^{Month} *1908 Mar.*

^{Day} *9* ^{Years} *44*

^{Months} *—*

^{Days} *—*

Sex *Male*

Color or Race *White*

Birth-place *Maryland*

Occupation *Laborer*

Where Residing if not at place of death *—*

Married, Single or Widowed *Married*

Name of Wife or ~~Husband~~ *Alice V. Reeder*

Father's Name *John Reeder*

Father's Birthplace *Maryland*

Mother's Maiden Name *Malinda Dick*

Mother's Birthplace *Maryland*

Name of person giving information *Alice V. Reeder*

How related to deceased *Wife*

CAUSES OF DEATH

101

Primary *Tonsillitis + Pneumonia*

How long *2 weeks*

Immediate *Asthenia + Pulmonary bedwetting*

How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

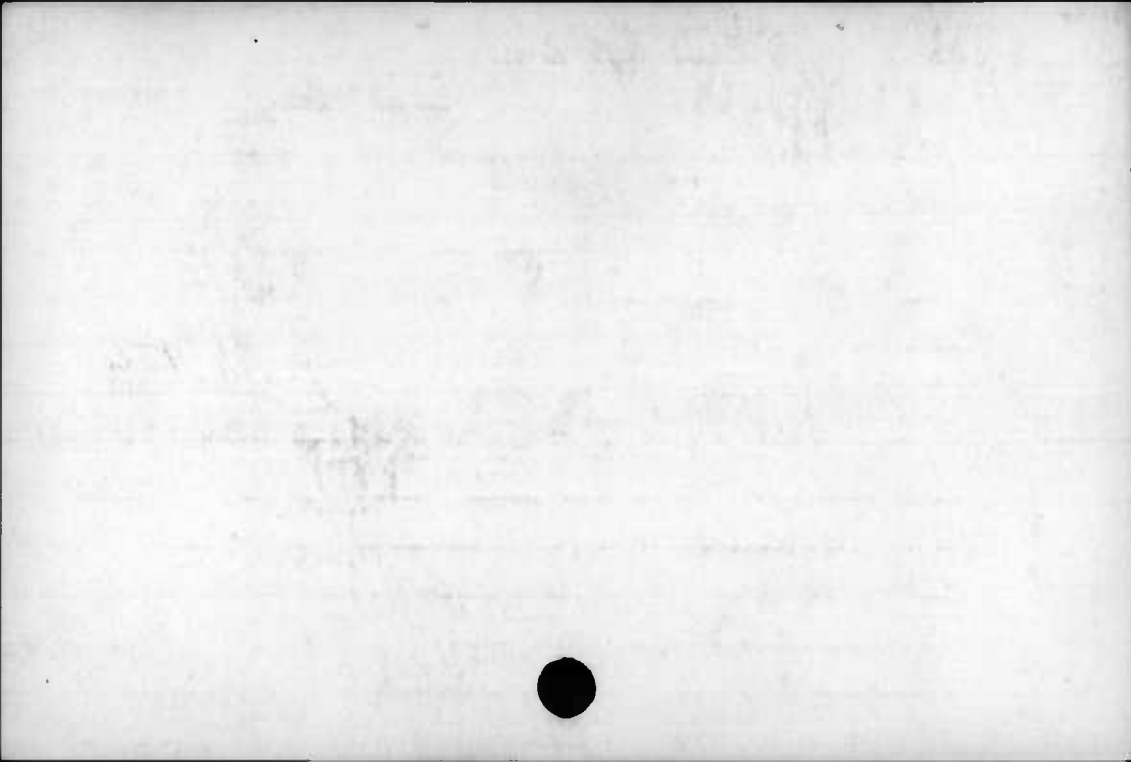
Signature of Physician *Frank O. Miller M.D.*

Address *Elliott City, Md.*

Accident or Suicide? *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Godfrey Ruff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

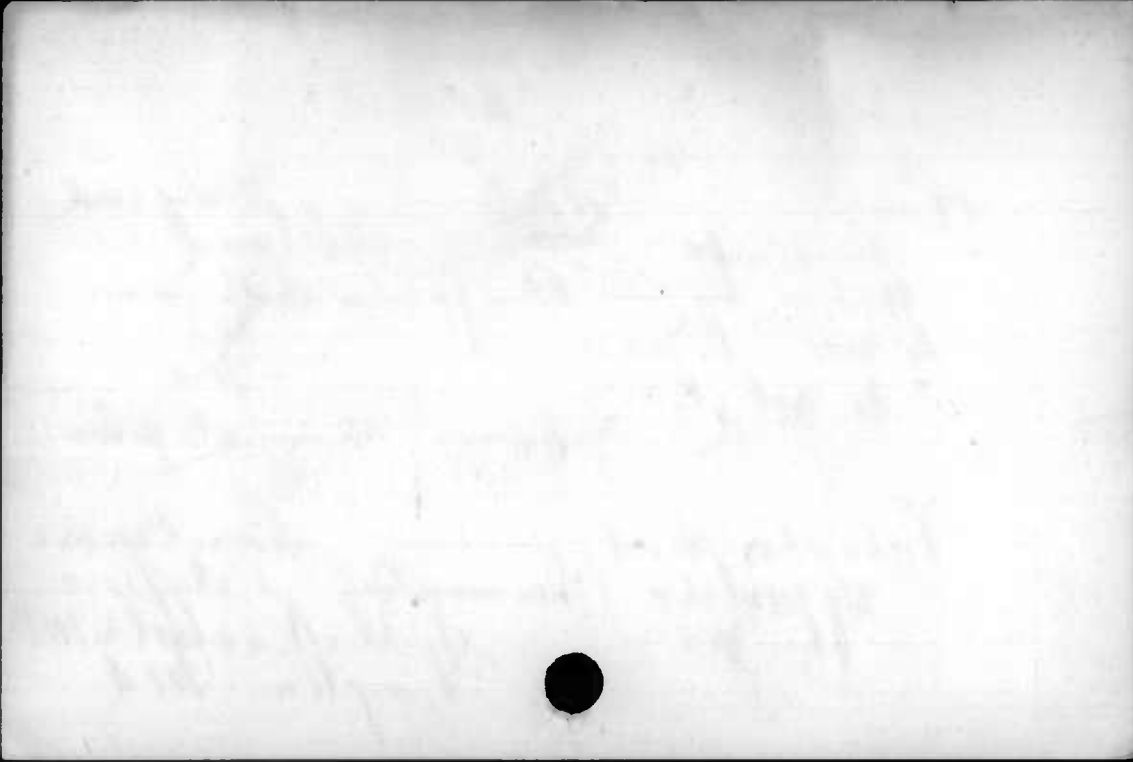
Died at <i>Cookeville</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>March</i>	Day	<i>29</i>
		Years	<i>74</i>	Months	
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Germany</i>
Occupation	<i>Blacksmith</i>		Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Achsah Hall</i>		
Father's Name	<i>Don't know</i>			Father's Birthplace	<i>unknown</i>
Mother's Maiden Name	<i>Don't know</i>			Mother's Birthplace	<i>unknown</i>
Name of person giving information	<i>Achsah Ruff</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

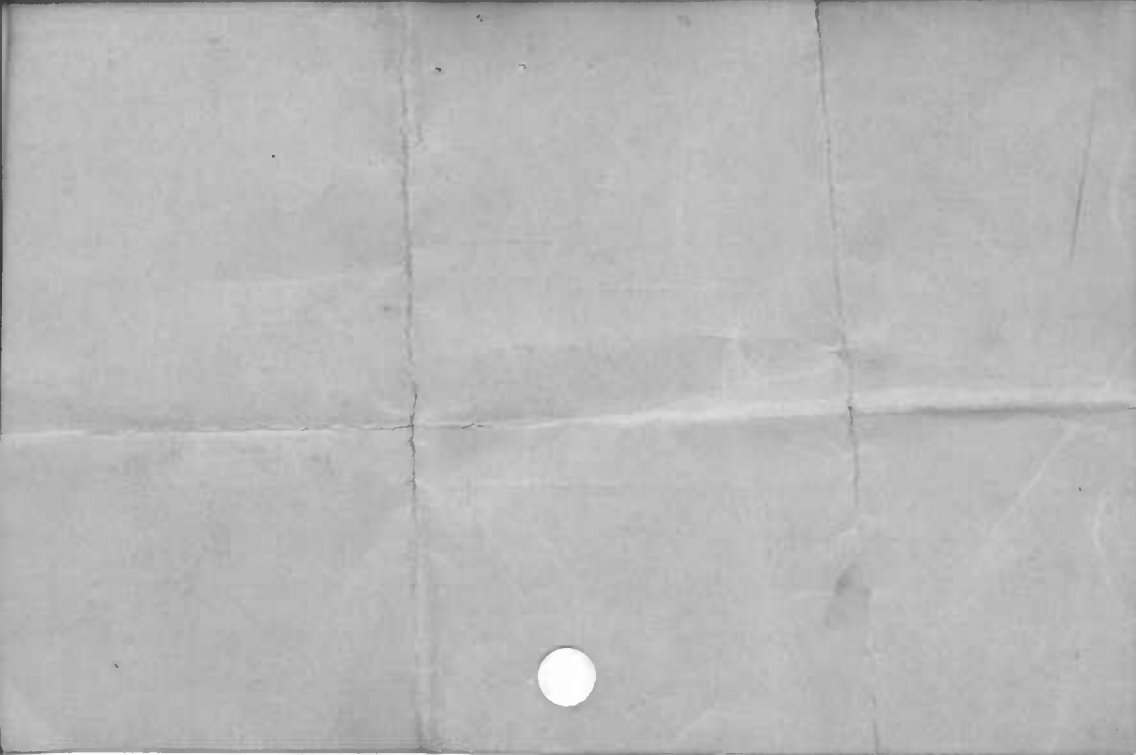
66

PHYSICIAN
OR CORONER

Primary	<i>Nemaphilgia Right Side</i>	How long	<i>14 years</i>
Immediate	<i>General Softening of brain</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. W. Webb</i>
		Address	<i>W. West Friendship Md.</i>
Accident or Suicide?	<i>no</i>		<i>Howard County Md.</i>



Name in Full		Margaret Sullivan				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Oakland		Howard		MARYLAND						
	Date of death		1908	Month	Mar	Day	14	Age	87	Months		Days	
	Sex		Female		Color or Race		White		Birth-place		Maryland		
	Occupation		Housewife		Where Residing if not at place of death		Oakland						
	Married, Single or Widowed		Widow		Name of Wife or Husband		Benjamin Sullivan						
	Father's Name		do not know		Father's Birthplace		Md						
	Mother's Maiden Name		do not know		Mother's Birthplace		Md						
	Name of person giving information		William Johnson		How related to deceased		Nephew						
		CAUSES OF DEATH				(79)							
PHYSICIAN OR CORONER	Primary		Valvular Heart		How long		Several years						
	Immediate		Hypostatic Pneumonia		How long		2 days						
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. L. Nichols MD						
					Address		Dayton Md						
	Accident or Suicide?												



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Francis Catherine Sybert</i>		Town <i>Elk Ridge</i>		County <i>Howard</i>		STATE <i>MARYLAND</i>	
Died at <i>Elk Ridge</i>		Month <i>March</i>		Day <i>29</i>		Age <i>1</i>	
Date of death <i>1908</i>		Month <i>March</i>		Day <i>29</i>		Age <i>1</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		Months <i>3</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Resided at place of death</i>		Days			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband		Father's Birthplace <i>Penna</i>		Mother's Birthplace <i>Penna</i>	
Father's Name <i>P. A. Sybert</i>		Mother's Maiden Name <i>Annie M. Haid</i>		Name of person giving information <i>P. A. Sybert</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

How long *10 days*How long *4 days*PHYSICIAN
OR CORONERPrimary *Ineasels*Immediate *Bronco Pneumonia*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

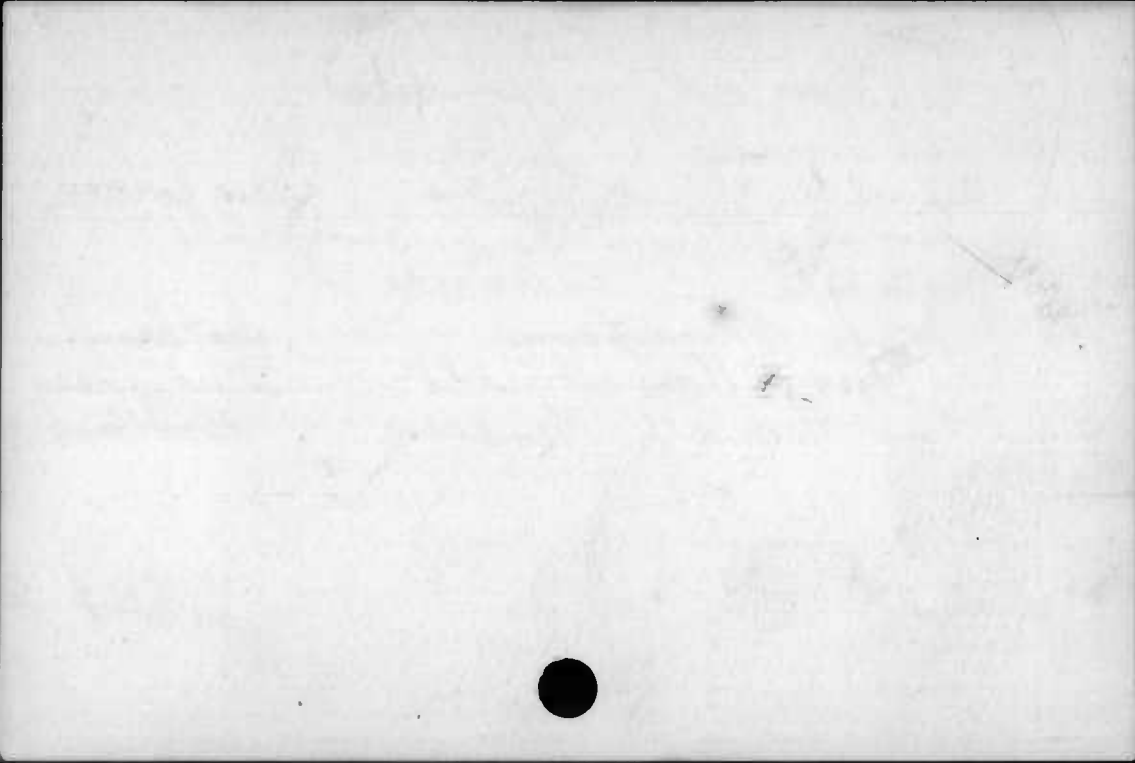
Arthur Williams

Address

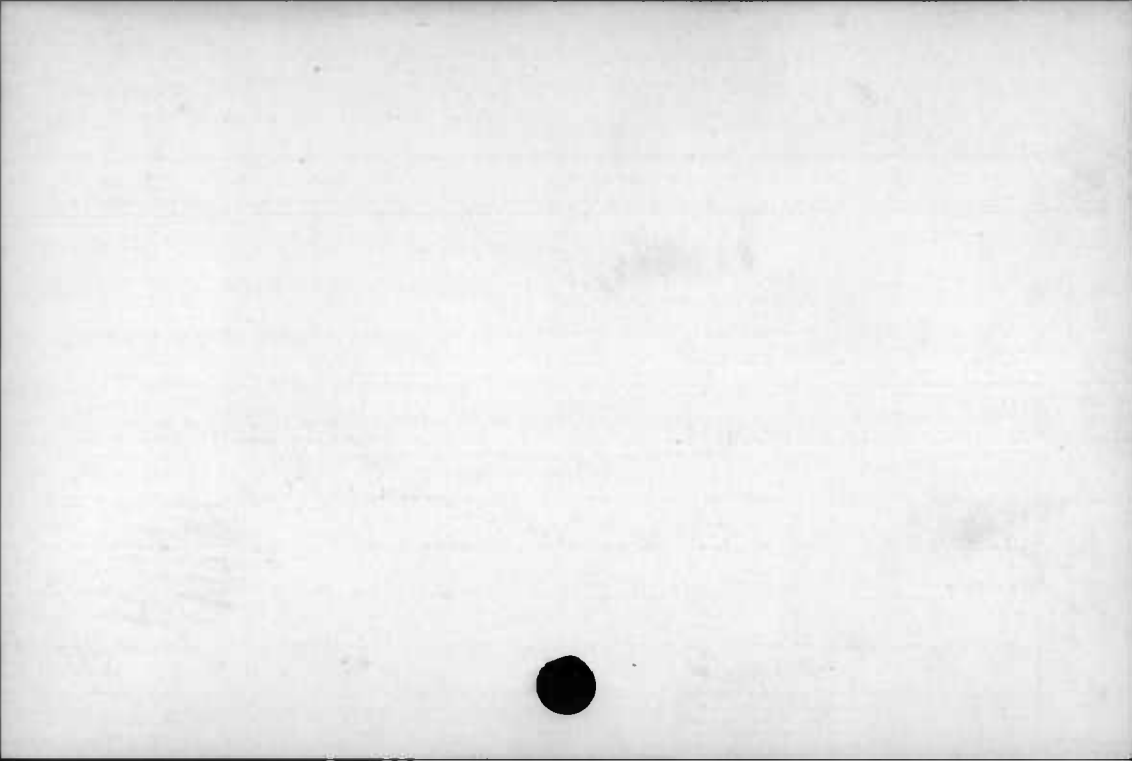
Elk Ridge Md

Accident or Suicide?

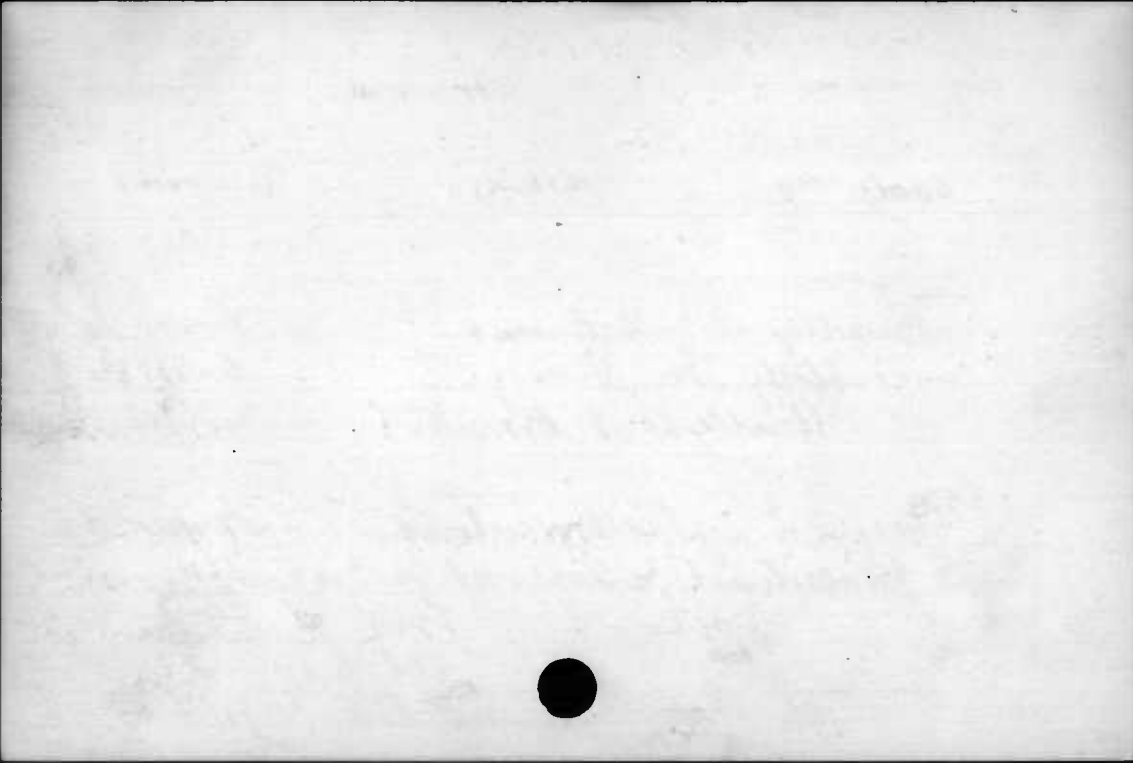
no



Name in Full		Mip Mary J Thompson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Ellicott City		Howard		MARYLAND		
	Date of death	1908	Month	March	Day	5	Age	80
	Sex	Female		Color or Race	White		Birth-place	New Jersey
	Occupation	none		Where Residing if not at place of death		none		
	Married, Single or Widowed	Single		Name of Wife or Husband		none		
	Father's Name	John Thompson				Father's Birthplace	Scotland	
	Mother's Maiden Name	Anne Van Winkle				Mother's Birthplace	New Jersey	
Name of person giving information	George K. Thompson				How related to deceased	Brother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Senile degeneration				How long	_____	
	Immediate	Arteriosclerosis				How long	_____	
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician		J. M. D. Rogers M.D.		
	_____		Address		Ellicott City Md			
	Accident or Suicide?		_____					



Name in Full Harvey E. Masker		CERTIFICATE OF DEATH	
Died at Town Savage		County Howard	
Date of death 1904		Month 3	
Day 12		Age 28	
Sex Female		Color or Race White	
Occupation Librarian		Birth-place Md	
Where Residing if not at place of death Savage			
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Leonard J. Masker		Father's Birthplace Md	
Mother's Maiden Name Lucinda Blessing		Mother's Birthplace Md	
Name of person giving information Lucinda Masker		How related to deceased Mother	
CAUSES OF DEATH			
Primary Pulmonary Tuberculosis		How long 3 yrs	
Immediate Exhaustion		How long progressive	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Indistinctum MD	
Address Savage			
Accident or Suicide? Missile			



Name
In
Full

Geo. F. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

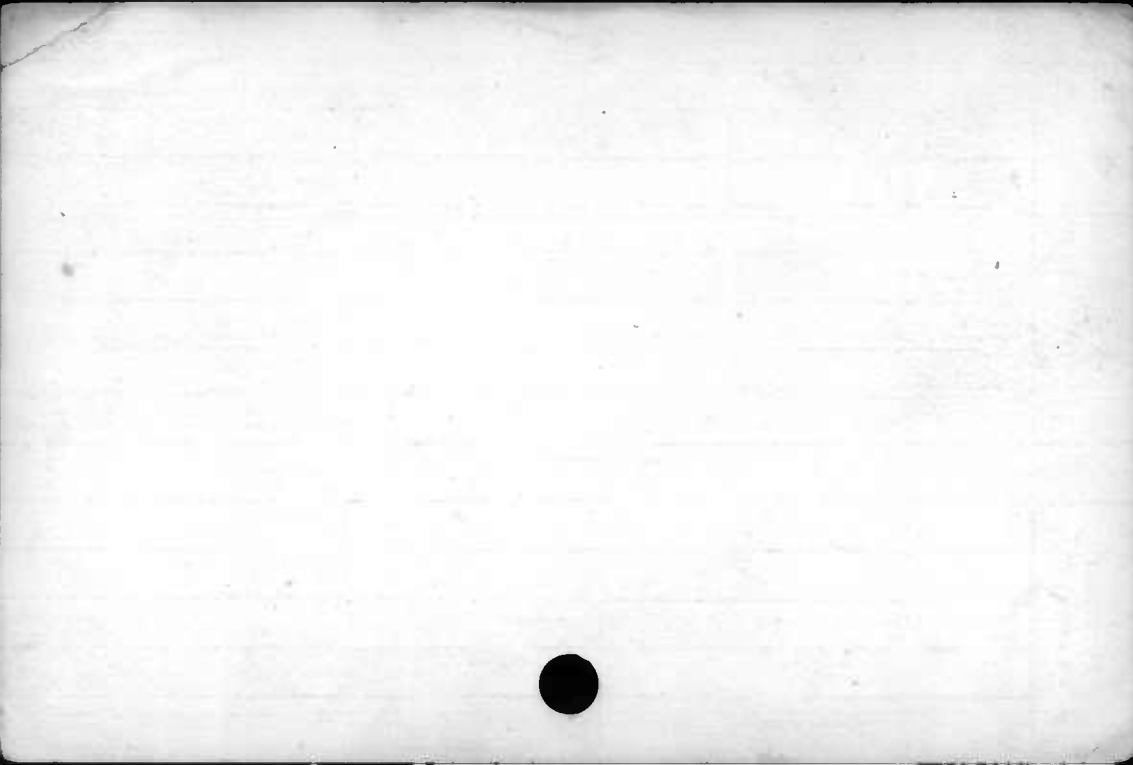
Died at <i>alpha</i> Town		County <i>Howard</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>March</i>	Day <i>19</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i> Days <i>24</i>
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Howard Leo Md</i>	
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Bradley A. Williams</i>			Father's Birthplace <i>Howard Leo Md</i>		
Mother's Maiden Name <i>Violetty M. Dorsey</i>			Mother's Birthplace <i>Howard Leo Md</i>		
Name of person giving information <i>Bradley A. Williams</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>premature birth & malnutrition</i>	How long <i>1 month & 24 days</i>
Immediate <i>Inanition & inervation</i>	How long <i>about 1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Benj. F. Shipley, M.D.</i>
	Address <i>alpha</i>
Accident or Suicide? <i>✗</i>	<i>Howard Leo Md</i>



Name
in
Full

William Joseph Geager

✓
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eler Ridge</u> ^{Town}		<u>Howard</u> ^{County}		MARYLAND	
Date of death	1908	Month	March	Day	7th
Age	83	Years		Months	9
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	None		Where Residing if not at place of death <u>Eler Ridge Md.</u>		
Married, Single or Widowed	Name of Wife or Husband <u>Ann Elizabeth Haupp</u>				
Father's Name	Not known		Father's Birthplace <u>Germany</u>		
Mother's Maiden Name	Not known		Mother's Birthplace <u>Germany</u>		
Name of person giving information	<u>Mrs. Barbara Barber</u>		How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary	<u>Aterio Sclerosis</u>	How long	<u>Several years</u>
Immediate	<u>Age, Debility</u>	How long	<u>2 mos</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. R. Eaneskoen</u>	
		Address <u>Eler Ridge Md</u>	
Accident or Suicide? <u>No</u>			

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